



AUTHENTIC COMMUNITY ENGAGEMENT: NAVIGATING THE COVID – 19 PANDEMIC FOR DEEP IMPACT IN MILWAUKEE

- A Community Resilience Imperative (CRI) Case Study

August 28, 2023

ABSTRACT

This case study explores the impact of deep community engagement and power-sharing through forming the Community Resilience Imperative (CRI) during Milwaukee County's COVID-19 response. It was crucial to involve individuals with expertise and connections to communities impacted by health and racial inequalities in the County's efforts to address the pandemic. This helped to bridge gaps and bring invaluable knowledge, enhance credibility, and facilitate trust-building between government and community. The case study highlights the community-centered decision-making process, the real-time information exchange between the community and systems, and the significance of addressing racism and its effects when advancing health equity. Readers will gain insights and lessons for enhancing community partnerships and empowering Black and brown populations in public health initiatives.



MILWAUKEE COUNTY
**OFFICE OF
EQUITY**

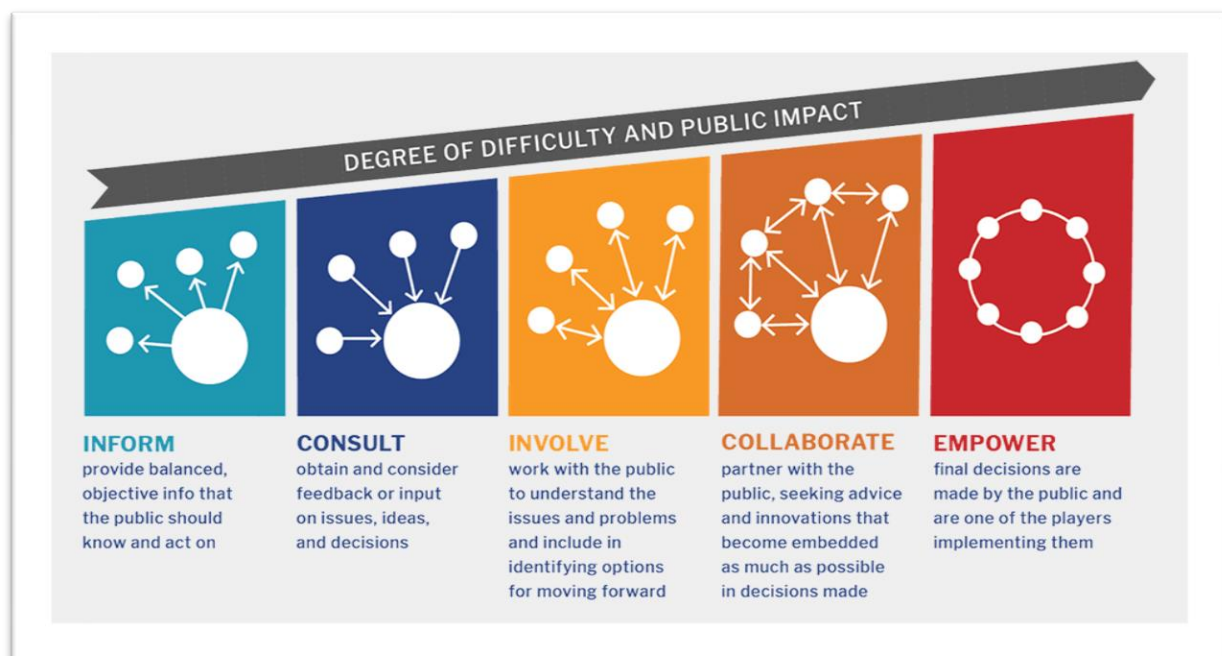
INTRODUCTION

The following is a case study on the impact of including resident experts in real-time during the Milwaukee County COVID-19 pandemic response. Guiding work on this case study was an intent to explore and understand: ***How do communities create deep impact through community engagement and power-sharing? What is the (demonstrated) value in that?***

In the case study, we define a *resident expert* as a reliable and knowledgeable source of information within a specific organization or community. They are highly regarded for their specialized expertise and play a crucial role in decision-making, problem-solving, training, mentoring, and sharing knowledge with others due to their credibility and relationships.

In this work, *community engagement* means getting community members, groups, and people with a stake in the community involved in making decisions, solving problems, and working together to improve their community because they are affected by the decisions. It's a way for everyone to talk openly, participate in important choices, and share responsibility. Authentic community engagement helps people feel empowered, builds trust, includes everyone, and unites the community. It's like a two-way street where everyone works together for the well-being and progress of the community.

Categorization of community engagement efforts in the government and non-profit sectors often include approaches such as Inform, Consult, Involve, Collaborate, and Empower. The focus of the case study, the Community Resilience Imperative (CRI), operated heavily within the Collaborate and Empower dimensions and deeply influenced the work of Informing, Listening and Involving during Milwaukee County's COVID-19 pandemic response.



Source: [Community Engagement - Harvard Catalyst](#)

MILWAUKEE COUNTY CONTEXT

2020 AND THE ONSET OF THE COVID-19 PANDEMIC

“Black residents in Wisconsin have been hit the hardest. A Black person is more than four times as likely to die of COVID-19 than their white counterparts, and in Milwaukee, nearly 90 percent of infections are people of color.”

⁴ The science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals

Building on the 2019 declaration, in April 2020, the County Board unanimously passed an ordinance⁵ that commits the county government to identify and address policies, practices, and power structures perpetuating inequities for Black, brown, and Indigenous people. Nicole M. Brookshire, the then-Executive Director of the County's Office on African American Affairs, emphasized the ordinance's focus on elevating public participation, ensuring *community*⁶ voices are heard as they advance *racial equity*.^{7,8}

Current County Executive David Crowley continued the commitment at the ordinance signing, noting the direct relevance. "Racial equity will not only guide our response and recovery from the COVID-19 pandemic, but it will inform the way Milwaukee County does business moving forward."⁹ And in July 2020, his office noted, "Black residents in Wisconsin have been hit the hardest. A Black person is more than four times as likely to die of COVID-19 than their white counterparts, and in Milwaukee, nearly 90 percent of infections are people of color. Additionally, the economic challenges for families and individuals in the county because of COVID-19 are staggering."¹⁰

Calls for action have empowered the equity work that Milwaukee County employees and residents are engaging in. In the ordinance, the County identifies five transformational focus areas that would create more equitable services and programs for residents¹¹:

1. BUILD A MORE DIVERSE AND INCLUSIVE WORKFORCE IN WHICH EMPLOYEES REFLECT THE DIVERSITY OF THE COMMUNITY AT ALL LEVELS AND WHERE DIFFERENCES ARE WELCOMED AND VALUED.
2. ENSURE A DIVERSE ARRAY OF MILWAUKEE COUNTY EMPLOYEES AT ALL LEVELS ARE INVOLVED IN DESIGNING EQUITABLE PROGRAMS AND SERVICES THAT MEET THE NEEDS OF THE COMMUNITY.
3. DESIGN MILWAUKEE COUNTY SERVICES TO MEET RESIDENTS' NEEDS, RATHER THAN ASKING RESIDENTS TO FIT THEIR NEEDS INTO EXISTING MILWAUKEE COUNTY SERVICES.
4. TRACK AND ANALYZE DATA TO BETTER UNDERSTAND THE IMPACT OF COUNTY SERVICES AND FIND SOLUTIONS ACCORDINGLY.
5. GENERATE NEW SOURCES OF REVENUE AND IMPLEMENT ADDITIONAL EFFICIENCIES TO ADDRESS THE STRUCTURAL DEFICIT AND MAKE NEEDED INVESTMENTS THAT ADVANCE RACIAL EQUITY.

⁵ [Chapter 108 - ACHIEVING RACIAL EQUITY AND HEALTH | Code of Ordinances | Milwaukee County, WI | Municode Library](#)

⁶ Groups of people that may or may not be spatially connected, but who share common interests, concerns, or identities

⁷ Just and fair inclusion of people of color in a society where all people can participate, prosper, and reach their full human potential

⁸ [Milwaukee County Passes Ordinance to Achieve Racial Equity and Improve Health Outcomes](#)

⁹ [Milwaukee County Passes Ordinance to Achieve Racial Equity and Improve Health Outcomes](#)

¹⁰ [Milwaukee County Executive David Crowley Thanks Senator Tammy Baldwin](#). For further understanding of the impact of COVID-19 on Blacks in Milwaukee County see [In Milwaukee, A Rising Majority of New Coronavirus Cases Are African American Men \(blackenterprise.com\)](#) and [Why Is Milwaukee's Black Community Suffering the Worst Effects of Coronavirus? \(milwaukeeimag.com\)](#)

¹¹ [Milwaukee County Passes Ordinance to Achieve Racial Equity and Improve Health Outcomes](#)

Through advancing these focus areas, specifically numbers 1-4, it was an expectation that work to address COVID-19 would explicitly consider health and racial disparities while also involving the residents in the process and decisions being made.

Multiple interviewees noted that during the UEOC meetings, lead DHHS staff member, T.J. Cobb recognized the importance of consistently asking "Who is missing?" from the conversations and approached that from an action-oriented mindset. In response to this crucial question, the need for the voices of Black Milwaukeeans with strong ties to the most affected communities and a deep understanding of the culture and perspectives surrounding health and well-being emerged. Responding to the recognized gap, these resident expert individuals were invited to represent the community's voices by joining the UEOC. They brought valuable expertise, credibility, and trust¹² and were similarly motivated to positively impact Milwaukee County through collective impact, advocacy, and partnership building.¹³ Each had pre-existing relationships spanning decades and connections across communities and systems.¹⁴ UEOC leadership committed to ensuring space for their voices and active listening.

With support and involvement from UEOC leadership, a new group of stakeholders representing diverse community perspectives were invited to participate in the discussion and formed a standing subcommittee: the Community Resilience Response Team (CRRT). In July 2021, having seen *impact*¹⁵ and opportunity in the work, the members organized themselves into the Community Resilience Imperative (CRI) as a *collective impact group*.¹⁶ The charter they developed in that process is designed to serve as an agreement on a common agenda and shared approach during UEOC work and beyond. UEOC work continued through July 2021.¹⁷

METHODOLOGY

At the August 2022 CRI Steering Committee meeting, held jointly with the Office of Equity (OOE) staff, it was clear that important equity work had occurred during the group's formation and participation in the COVID-19 response by Milwaukee County. Work needed to capture specifics, and if shared, many could benefit.

Ciara Hartzog, OOE Research and Advocacy Manager, and Kristin Vogel, OOE FUSE Fellow, collaborated to design interviews and conduct research. We aimed to gather information on various topics, including community engagement, *power-sharing*¹⁸,

¹² Interview with Curtis Marshall

¹³ Interview statement by Dr. Quinton Cotton in the Steering Committee interview

¹⁴ Interview with Steering Committee members

¹⁵ The fundamental intended or unintended change occurring in organizations, communities, or systems because of program activities

¹⁶ Network of community members, organizations, and institutions that advance equity by learning together, aligning, and integrating their actions to achieve population and systems-level change

¹⁷ [Public Health Collaborative Addresses COVID Response – Milwaukee Health Care Partnership \(mkehcp.org\)](https://mkehcp.org/public-health-collaborative-addresses-covid-response)

¹⁸ When people with different strengths, skills, community connections, knowledge, roles, and lived experiences work together to make decisions equitably

*health literacy*¹⁹, *health equity*²⁰, community-centered decision-making, and empowerment, among others, related to CRI.

The case study project was approved in December 2022. Interviews and research were conducted from February to April 2023. Twelve individuals were interviewed, and 30 others were solicited through a questionnaire.

Methodology Strengths and Limitations: We gained valuable insights into CRI's work during the COVID-19 pandemic through interviews and document analysis. We got glimpses into the extent of work carried out by CRI members, UEOC, and their partners beyond what we had initially inquired about. Due to the chaotic nature of the pandemic, it was challenging to establish specific timelines for certain activities, as work was done swiftly, and memories faded quickly. While details on some activities will be available through future publications, we could not obtain other activities' details due to time constraints.

SHIFTING APPROACH WITHIN UEOC

Including the now-CRI members in the UEOC working meetings resulted in various shifts in how the group operated. The already organic nature of the dynamics continued shifting. In particular, the changes increased *community collaboration*²¹ and added new voices to the decision-making processes. The impacts that interviewees described created conditions that fostered increased effectiveness and a more profound effect on the overall work. The shifts were in two key areas: community collaboration and decision-making.

COMMUNITY COLLABORATION

One interviewee who wasn't part of CRI said that if the original UEOC members were more diverse from the beginning, they might not have needed CRI because the gaps filled by CRI wouldn't have existed.²² Instead, the people in charge were primarily white and held decision-making positions in government, medicine, and public health, which created these gaps. Even though they wanted to do a good job, these gaps made it harder to handle the COVID-19 pandemic effectively.

As illustrated in the Collaboration Continuum,²³ community collaboration deepened significantly when CRI members joined because their voices were included in the real-time decision-making processes. Work moved from Networking and Coordinating to Collaborating and, in some respects Integrating. For this case study, we are emphasizing the work in the Collaboration sphere.

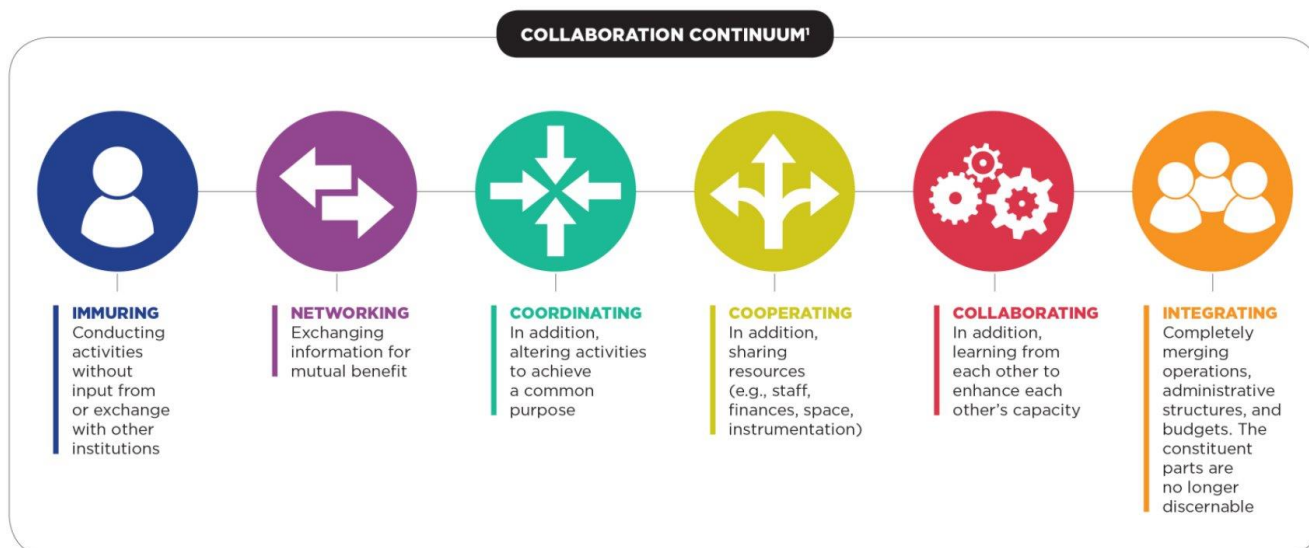
¹⁹ The degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others

²⁰ The attainment of the highest level of health for all people

²¹ Collective effort for shared goals.

²² Interview with Sumaiyah Clark

²³ The original Collaboration Continuum, which included Networking, Coordinating, Cooperating, and Collaborating, comes from Arthur T. Himmelman, *Collaboration for a Change: Definitions, Decision-making Models, Roles, and Collaboration Process Guide*. January 2002, Himmelman Consulting, Minneapolis, MN.



Source: ©2015 Debra Mashek. Shared under Creative Commons License (Attribution 3.0 Unreported). Please cite as Mashek, D. (June, 2015). Capacities and Institutional Support Needed along the Collaboration Continuum. A presentation to the Academic Deans Committee of The Claremont Colleges, Claremont, CA

In this degree of collaboration, the community engagement moved to a more complex and more impactful point on the flowchart shown earlier. This approach differs from how communities are often involved, where residents participate in separate meetings less connected to the ongoing work. And in those meetings, frequently only specific parts of the project are considered. Interviewees said CRI was involved throughout, operating both as a subcommittee and participating in discussions of the whole.

Further, one interviewee mentioned that having CRI members present opened the pathway to a new way of thinking, calling it a *reflection space*²⁴. For example, when UEOC or sub-groups looked at data from focus groups, CRI helped them understand the important trends and relate more deeply to what residents were saying. The original UEOC members didn't have the same connections, knowledge, and experiences as CRI members, so they didn't have the context necessary for complete understanding. For collective impact specialists, this crucial way of engaging data with a racial equity lens is frequently called a *data walk*.

Some people interviewed noticed how they talked to the public changed after CRI members joined due to the shifts happening with the UEOC. The messages became more positive and focused on people's strengths, which worked better with the groups they were trying to reach. Before, the messages were more negative and *othered*²⁵ the focus population. You can learn more about this in the Impact section.

²⁴ Interview with Dr. Mara Lord

²⁵ Excluded or marginalized due to differences. Those interested in learning more, please, see: [Othering & Belonging Institute \(berkeley.edu\)](https://www.berkeley.edu/othering)

DECISION-MAKING AND POWER-SHARING

The UEOC was, by design, intended to be a mutual space for decision-making and included structural approaches to help ensure that societal hierarchies of power were minimized or disrupted. In UEOC meetings, the facilitator rotated each time to ensure the positional power of the role was decentralized. UEOC's operation evolved as dynamics evolved. Key to mention is that interviewees noted that the unifying, singular goal was essential.

Also significant was the ability and necessity of naming racism and its effects throughout the work. Several interviewees noted that the county's declaration of racism being a public health crisis set a pivotal context for the work. It began normalizing conversations about how racism is a factor that must be recognized and considered. We heard from multiple interviewees that this was particularly difficult early on, and while never easy, it became easier as the group worked together.

Throughout the case study interview process, it was clear that grappling directly with racism as a factor was crucial and challenging work. Individuals from the CRI held a distinct viewpoint that was not easily accessible to many others. Sharing this perspective was challenging because white societal conventions consider conversations surrounding racism as controversial and *polarizing*.²⁶

For example, understanding the Black experience of how both historical and current racism shapes Black Milwaukeeans' medical care within the United States, and Milwaukee County specifically, was crucial. As another example, understanding how othering happens in systems such as public health enabled UEOC to choose new and different ways of working.²⁷ Dealing with these issues became a multi-tiered, more profound experience for many in the UEOC work, shaped as well by the protests of 2020 and 2021.

The CRI integration and subsequent conversations increased the understanding and awareness of when and where racism was in play, shaping the decision-making and power-sharing within UEOC. More on this follows in the next section.

INTERVIEW REFLECTIONS

Throughout the interview process, several topics emerged repeatedly. Together they offer insights and detail into key moments, how work was approached, and significant activities. In each, a significant underlying and explicit dimension is the way racism shaped the conditions for Milwaukee County residents.

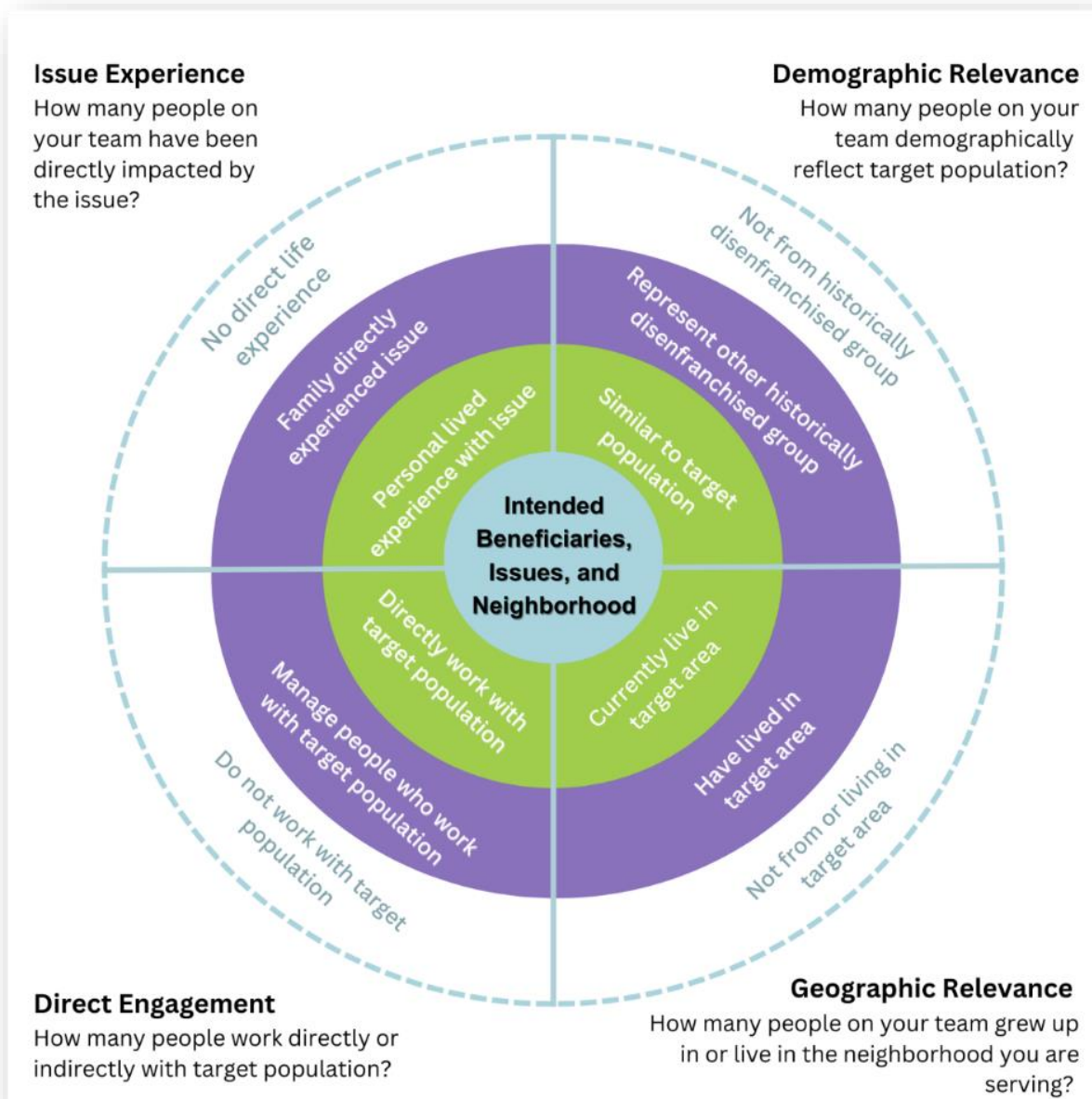
²⁶ Divisive, contrasting, stirring strong opinions

²⁷ Interviews with Curtis Marshall, Dr. Mara Lord, David Muhammad, Melissa Ugland, and steering committee members

WHO IS AT THE TABLE?

DHHS staff member TJ Cobb asked, "Who is missing?", to determine what needed attention. The Collective Impact Forum's Community Engagement diagram illustrates the gaps UEOC found when Cobb asked this critical question regarding how to fill these vital perspectives, "Who is missing?" At first, UEOC's members were mainly system leaders (shown in the outermost circle), far from those affected by COVID-19. To fix this, the UEOC added members who were more connected to the affected communities.

Source: [Collective Impact Forum - Community Engagement Toolkit](#)



MISSION, PRINCIPLES & APPROACH

The CRI's mission is “eliminate racial and social inequities through social cohesion in the face of oppression to drive system change by elevating protective factors across all *social determinants of health*”²⁸ (SDoH).²⁹ The system change approach includes the following:³⁰

- BETTER UNDERSTANDING THE CURRENT LANDSCAPE
- LEARNING BY TRIAL
- INCREASING COORDINATION

- INNOVATING SERVICES
- ELEVATING POLICY-CHANGE OPPORTUNITIES
- CALLING OUT RACISM

Under the agreed-upon operating principles, CRI members influenced the UEOC to meet the needs of community members most adversely affected by COVID-19. This was accomplished by employing authentic community engagement and collective impact strategies: transparency, inclusion, equitable resource distribution, accountability, and power sharing. CRI utilized communication strategies such as active listening, cultural sensitivity, and appropriate communication channels and messengers. Including community voices was the genesis of the shift to power sharing and community collaboration.

OPERATING PRINCIPLES

1. MAKE DECISIONS THAT ARE COMMUNITY-CENTERED
2. EXECUTE STRATEGIES THAT ACHIEVE EQUITY, DIVERSITY, AND INCLUSION
3. ENSURE ACCESSIBILITY OF ALL RESOURCES
4. HOLD ACCOUNTABILITY TO THE GREATER GOOD OF COMMUNITY
5. ADVOCATE UNAPOLOGETICALLY FOR OUR VISION
6. BE FLEXIBLE TO COMMUNITY NEEDS
7. ELEVATE COMMUNITY SUSTAINABILITY
8. PARTNER WITH RESPECT AND COMPASSION
9. MAINTAIN *CREDITABILITY*³¹ WITH TRUST WITH AUTHENTICITY
10. COLLABORATE WITH STRATEGY AND IMPACT

Active listening and creating an environment of inclusion were crucial to the work's success. Organizations such as Jump at the Sun Consultants facilitated question & answer sessions and focus groups to receive feedback on what support and resources

²⁸ Aspects in life that affect our overall health and well-being: education, neighborhood and built environment, safety and justice, health and wellness, economic stability and mobility, family, and community.

²⁹ [Milwaukee Community Resilience Imperative PPT](#)

³⁰ [Milwaukee Community Resilience Imperative PPT](#)

³¹ Worthy of belief

community members and residents wanted and desperately needed to become resilient and thrive in the face of adversity.³² By trying to understand the current landscape, it was clear that residents wanted and needed to be at the table where problem-solving and decision-making were being carried out. As noted earlier, the results from these sessions were brought back to the UEOC, and it became a reflective space where CRI members could contextualize and explain to those who didn't relate or understand.

INNOVATIVE RESOURCE ALLOCATION

The pandemic required new ways for *grassroots groups*³³ and other sectors to collaborate to meet the needs of the most affected by COVID-19.³⁴ Varied funding sources (government, philanthropy, non-profit) were leveraged because UEOC and CRI were able to be explicit about needs. More than \$2 million (in-kind, grants, and resources) was received to fund focus groups, community training, improved messaging, and more. This was an unprecedented amount of funding for under-resourced Milwaukee communities.³⁵ Through this, "*mutual aid*"³⁶ became a goal and strategy.³⁷ And utilizing *community-informed re-granting*³⁸ to guide distribution allowed organizations and other sectors to join hands and respond to COVID-19 in a way that more effectively met needs.

Government funding allocation processes were innovated because residents had a seat at the table where spending decisions were being made. Residents were working with the government to decide which community needs were being prioritized.³⁹ The results of those conversations were used to create a simplified application for the Coronavirus Aid, Relief, and Economic Security (CARES) Act⁴⁰ Recovery Assistance funds. Grassroots groups that didn't have the financial infrastructure were able to apply for funding and be provided a fiscal agent at no cost to them.⁴¹ In providing external fiscal agents to facilitate the funding to grassroots groups, the delay in resources reaching communities was eliminated.⁴²

Throughout the case study, the importance of community collaboration and authentic community engagement is highlighted. Resident involvement in COVID-19 care and education were pivotal in bringing care into neighborhoods where it was needed the most. The Advancing a Healthier Wisconsin Endowment (AHW) announced a \$230,000

³² Interview with Dr. Mara Lord

³³ Community-led organizations, representing those affected by issues addressed and advocating for change

³⁴ Interview with Ian Bautista

³⁵ Interview with David Muhammad and [\\$86M in federal funds awarded to organizations helping underserved community businesses, entrepreneurs | Wisconsin Public Radio \(wpr.org\)](#)

³⁶ Collaborative and voluntary approach in which individuals or communities come together to provide support, resources, and assistance to one another

³⁷ Interview with David Muhammad

³⁸ Process that allows community members to directly participate in deciding how to allocate a portion of public funds

³⁹ Interview with Sumaiyah Clark

⁴⁰ A bill to provide emergency assistance and health care response for those affected by the COVID-19 pandemic. Those interested in learning more, please, see: [Text - S.3548 - 116th Congress \(2019-2020\): CARES Act | Congress.gov | Library of Congress](#)

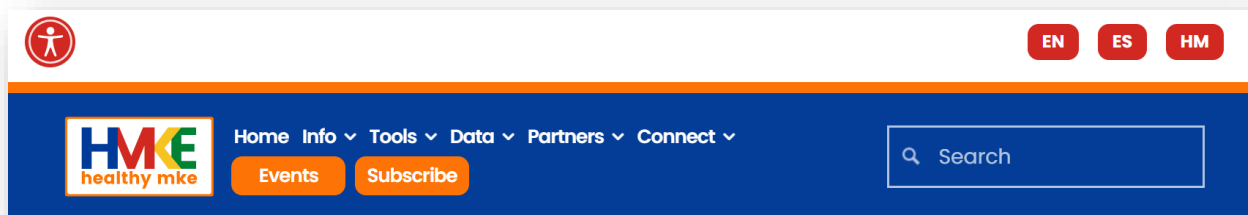
⁴¹ Interview with Sumaiyah Clark

⁴² Interview with David Muhammad

funding award to support COVID-19 care efforts underway.⁴³ This six-month funding went to UEOC partners, such as, Medical College of Wisconsin, Milwaukee Health Care Partnership and Jump at the Sun Consultants. Investment was made in low vaccination, high vulnerability areas by recruiting residents to participate in the community mobilizer program. Participants were paid \$17-\$20 per hour to canvas neighborhoods with medical professionals, such as Alverno nursing students trained by Jump at the Sun Consultants, to inform residents about COVID-19 vaccines and care and other resources available to them.⁴⁴ This funding was also allocated to groups like Inpower to align COVID-19 care messaging.

ALIGNING COVID-19 MESSAGING

More culturally sensitive messages and messengers were necessary to influence resident decision-making processes. Lack of trust was a recurring theme in barriers to community members and residents receiving COVID-19 care. The viral spread of *misinformation*⁴⁵ and *disinformation*⁴⁶ made it hard for people to make informed medical decisions for themselves and their families. Milwaukee Healthcare Partnership (MHP) and Inpower banded together to develop more appropriate, trusted communication channels and messages. David Muhammad credited MHP and Inpower for shifting the tone of messages away from that of condemnation and disparity focused.⁴⁷ Healthy MKE (HMKE) is a COVID-19 health education and navigation platform. It was developed to share accurate and up-to-date information on COVID-19 health resources. Its content is offered in several languages, increasing its accessibility. HMKE's key focus areas are COVID education and mitigation, or reduction of severity, immunization and access, health insurance education and access, and community access to healthcare services. It uses bright colors, encouraging language, and diverse faces to share information transparently, with little to no pressure, and is easily accessible.



Other areas of messaging were innovated or developed as well. Videos were being shared on Milwaukee County websites where relatable speakers would share information on COVID-19-related questions, social media campaigns were spotlighting

⁴³ [Funding News: AHW Awards Funds to Support COVID-19 Vaccination Outreach in Milwaukee County \(ahwendumment.org\)](https://www.ahwendumment.org)

⁴⁴ Interview with Dr. Mara Lord

⁴⁵ False or inaccurate information

⁴⁶ False information knowingly spread with intentions of misleading to influence public opinions

⁴⁷ Interview with David Muhammad

people in more dignified ways, and credible messengers were out on foot delivering information – meeting residents where they felt most comfortable: home.⁴⁸

BRINGING VACCINES TO THE PEOPLE

Milwaukee County was one of the first jurisdictions to align COVID-19-related data with the nationally available social vulnerability index, displaying the data on the County COVID-19 dashboard. In conjunction then UEOC, CRI, Public Health departments and others were able to identify the zip codes where residents had the highest vulnerabilities. The data-informed conversations, focus group findings reports and CRI-influenced understanding led to significant impacts in the vaccines (and previous testing) that were distributed through the community.

To start, debriefing on barriers to COVID-19 care identified transportation, accessibility, and trust as key factors to address in COVID-19 interventions. For example, concentrating early work at sites on Milwaukee's Southside missed a portion of the intended recipients due to a mix of transportation and trust dynamics.

Work refinements led to neighborhood-based services, such as deploying Alverno College nursing students or firefighters accompanied by neighborhood residents to go door-to-door offering vaccines and information in real-time.⁴⁹ Lorraine Lathan, the founder and president of Jump at the Sun Consultants, pointed out that many students were entering areas that were unfamiliar to them. On-going trainings were provided to Alverno nursing students by Jump at the Sun Consultants in advance that

supplemented the traditional nursing curriculum. The trainings provided valuable communication skills that allowed them to converse with diverse groups of residents and share resources that would foster well-informed decision-making.⁵⁰



Lorraine Lathan, left, president and founder of Jump at the Sun Consultants and Dr. Mara Lord, right, senior vice president, university engagement and strategic planning at Medical College of Wisconsin

Photo credit: Angela Peterson, Milwaukee Journal Sentinel

⁴⁸ Interview with Melissa Ugland

⁴⁹ [Milwaukee is going door-to-door with COVID-19 vaccine info and shots \(jsonline.com\)](https://www.jsonline.com/story/news/health/2021/07/26/milwaukee-is-going-door-to-door-with-covid-19-vaccine-info-and-shots/7544442002/)

⁵⁰ Interview with Lorraine Lathan

As another example of leveraging expertise with opportunity, Ericka Sinclair, Founder & CEO of Health Connections Inc., set up testing and vaccination booths for more accessible healthcare resources for Milwaukee residents and others.^{51, 52}

These activities resulted in mitigating COVID-19 transmissions and death as shown in the next section. In addition, the kind of showing-up that this represented resulted in pride.⁵³ One interviewee noted that in some cases, people traveled from multiple states to receive care here because of the work the CRI and partners did in Milwaukee.⁵⁴

IMPACT

Authentic community engagement and power-sharing strategies proved highly effective in positively impacting Milwaukee residents during the COVID-19 pandemic. Establishing trust and rapport across sectors allowed communities to collaborate with other residents and healthcare professionals and develop deep connections. This increase in trust saved lives. Residents were receiving accurate information from trusted messengers, which led to increased rates of vaccinations and testing, and severe cases and deaths decreased in more vulnerable communities.⁵⁵

"One of the most meaningful and impactful experiences that I've had is when I arrived at a person's door and they stated that they would never have gotten the vaccine if it wasn't for me showing up and ringing his doorbell," said Porsha Brown, a nursing student at Alverno College and part of the team of mobilizers.⁵⁶

Dr. Benjamin Weston, Medical Director for the Milwaukee County Office of Emergency Management (OEM), illustrated the impact via the [County COVID-19 dashboard](#) data. Under the EVE Model tab on the Percentage of First Doses by Vulnerability, the growth of those who are most showed that vaccination efforts improved for vulnerable populations, with the percentage of first doses administered increasing significantly. The vaccine rate for this group increased from 1 in 20 to 1 in 2 due to the interventions. The rate increase was attributed to the impacts of having CRI in the meetings and helping to shape the processes.

⁵¹ Interview with Sumaiyah Clark

⁵² [Health Connections Inc. is Participates in Project Finish Line \(healthconnectmke.org\)](https://healthconnectmke.org)

⁵³ Interview with Dr. Mara Lord

⁵⁴ Interview with Melissa Ugland

⁵⁵ Interview with Dr. Benjamin Weston

⁵⁶ [MKE COVID-19 program will go door-to-door to build vaccine confidence \(tmj4.com\)](https://tmj4.com)



Source: Dr. Benjamin Weston CRI Case Study Interview video

Of particular significance, community members reported feeling a sense of pride in doing something for their community. Goodwill was generated through residents seeing the presence of those representing government and healthcare going door-to-door with their neighbors, demonstrating care and concern.⁵⁷ The impact of community feedback to the UEOC was invaluable. Broadening the scope of community engagement allowed UEOC members to shift and to adopt what communities needed: representation and a seat at the table where decisions are being made. Two interviewees referenced how groups' operating practices shifted due to the CRI's formation. The unique *intersectionality*⁵⁸ of the ecosystem enabled funding structures to change.

Small organizations and grassroots groups were asked about their needs, and processes were modified to meet them. This community informed re-granting process made funding more accessible by adopting applicants' language and streamlining the funding applications.⁵⁹ An example of where this restructuring and streamlining was demonstrated was in how CARES Act applications and funding were processed. The shift in how funds were applied for and allocated allowed more diverse providers to be brought into the equation to serve more communities.⁶⁰ One stakeholder shared, "The connection that was established [was significant]".

***"We finally opened the gates to our resources and shared them in the most efficient manner possible. It was no longer a fight for resources."*⁶¹**

Multiple individuals noted the shifts in understanding that occurred personally during the work and the protests of 2020, and which continue to shape how they and their

⁵⁷ Interview with Dr. Mara Lord

⁵⁸ A lens through which you can see where power comes and collides, where it interlocks and intersects

⁵⁹ Interviews with Sumaiyah Clark and David Muhammad

⁶⁰ Interviews with Sumaiyah Clark and David Muhammad

⁶¹ Comment from Justin Roby of the non-profit Diverse and Resilient

organizations work. One organization reported having overhauled its mission, vision, and ways of operating considering the experience and has continued leveraging the partnerships that started through the connections CRI facilitated. Some individuals reported a new depth of understanding of racism and how structural racism can be countered. Finally, one individual spoke eloquently about her shift in understanding. Dr. Mara Lord shared:

“And you know, we can talk about messaging, and we can talk about representation, but what was pivotal to me was that equity has to be everywhere. And that equity is not just in the faces that you see or the messages or you know... equity is in the people who are at every point in that journey. That. There's equity through all of that. That was pivotal for me....I was really thinking about health equity and what it really means. And I was thinking; I used to think of health equity as a noun, as a thing. But I guess I learned -- and cri was part of this, right? My whole work was... health equity has to be a verb, right? It has to be. It's action. It's action through and through. There's no noun in there at all.”

Looking ahead to what comes next for the Community Resilience Imperative, interviewees mentioned their interest in exploring priorities through strategic planning, policy development, identifying new areas for mutual support, and engaging in county participatory budgeting activities. Many interviewees hope that sharing about CRI's work will serve as a resource for systems change and collective impact with other sectors. It is hoped that improved visibility will further promote efforts for transformation in Milwaukee County, so that we become the healthiest county in the state.

CONCLUSION

The evidence shows Milwaukee County created a deep impact through authentic community engagement and power sharing. Authentic community engagement that drew on all five dimensions in the Harvard Catalyst image was necessary to navigate the COVID-19 pandemic's severity. The work empowered residents, cross-sector partners, and grassroots groups to come together for the good of Milwaukee communities. Applying the CRI's operating principles to the system change approach was a strategy that connected people, improved work processes and products, and saved lives. CRI presence and involvement in the Milwaukee County pandemic response catalyzed advanced the hopes and charges voiced by Chairwoman Nicholson and County Executive David Crowley (noted in the introduction) to empower residents, demonstrate respect & dignity for all citizens, and set a new standard in how the County operates.

FOR THOSE LOOKING TO START APPLYING NEW APPROACHES TO COMMUNITY ENGAGEMENT

1. DEVELOP DEEP RELATIONSHIPS WITH COMMUNITY GROUPS AND RESIDENTS.⁶²
2. IDENTIFY YOUR MOTIVATION AND THE DIFFERENCE YOU WANT TO MAKE.⁶³
3. INCLUDE, ELEVATE, AND AMPLIFY THE VOICES OF THOSE THAT YOU ARE SERVING.⁶⁴
4. SPEAK TRUTH TO POWER – STAND UP FOR WHAT IS RIGHT.⁶⁵
5. UNDERSTAND WHERE AND HOW COMMUNITY MEMBERS WANT TO BE INVOLVED.
6. MAINTAIN ACCOUNTABILITY – MEET EXPECTATIONS, BE TRANSPARENT AND RECOGNIZE YOUR RESPONSIBILITIES.
7. REMOVE BARRIERS BY SEEKING SUPPORT FROM THOSE ALREADY DOING THE WORK.⁶⁶
8. BE AN ADVOCATE FOR HEALTH EQUITY.

⁶² Interviews with Curtis Marshall and Dr. Benjamin Weston

⁶³ Interview with Dr. Mara Lord

⁶⁴ Interview with Ian Bautista

⁶⁵ Interviews with Curtis Marshall and Sumaiyah Clark

⁶⁶ Interview with Melissa Ugland

ACKNOWLEDGMENTS

Thank you to the Community Resilience Imperative members for your willingness to let us tell the story and impact of your work. We know the work was both difficult and rewarding. We are confident that more people need to understand the difference it made so that others can follow the path of deep and authentic community engagement.

Thank you to T.J. Cobb for straddling community and government, leaning into being fully of both, and being the catalyst for saving many lives in Milwaukee County during the COVID-19 pandemic. May we all realize we are all fully both and seize the power that it brings.

Thank you to all the interviewees for your participation in providing the rich stories used to develop this case study. Your insights, advice, and accounts have been invaluable. Your enthusiasm and desire to work hard on health and racial equity issues is greatly appreciated.

Thank you to Milwaukee County residents. We do this work best together.

Thank you to the leadership in the OOE and County. Without top leaders' deep buy-in and commitment, this work would have much less impact by having much less traction.

Thank you to our colleagues in the Milwaukee County Office of Equity . Your support, input, and camaraderie in doing this work are invaluable.

PARTICIPANTS

Ian Bautista is the Senior Director of Civic Engagement at the Greater Milwaukee Foundation. He joined the CRI steering committee several months into the work.

Sumaiyah Clark currently serves as the Director of Systems Integration at the Milwaukee County Department of Health and Human Services. At the onset of the COVID - 19 pandemic, her role was Enterprise Project Administrator. Her role included tracking departmental work on the County's racial and health equity priority; therefore, she intersected with and collaborated with the UEOC lead, T.J. Cobb.

T.J. Cobb led the Milwaukee County UEOC and facilitated the launch of the CRI by forming the community response team of the UEOC. Her position at that time was Enterprise Projects Manager. She is the Director for Enterprise Quality within the Milwaukee County Department of Health and Human Services.

Dr. Quinton Cotton, social work scientist, is a founding member of the CRI steering committee. He is a Managing Member of QDC Research and Policy Consulting Group LLC. He is also a co-founder of the MKE Black Grassroots Health Care Network, along with Ericka Sinclair and others.

Lorraine Lathen is the founder and president of Jump at the Sun Consultants, LLC. Her firm was a significant contributor during the COVID-19 response, particularly delivering training in the Community Mobilizer program.

Dr. Mara Lord is Senior Vice President, University Engagement and Strategic Planning at the Medical College of Wisconsin. During the pandemic, she was a highly active UEOC member, regularly engaging with T.J. Cobb and providers hired based on CRI input and feedback.

Curtis Marshall served as a State of Wisconsin liaison 2020-21, to the County UEOC due to his role as public health strategist for the State. As such, he observed CRI's formation and contributions to the work being done through UEOC members.

David Muhammad is the Deputy Director of Milwaukee County's Department of Health and Human Services (DHHS). As a member of the County's UEOC, he worked closely with DHHS staff, including T.J. Cobb, who was charged with launching UEOC with the County Executive's Office and the Office of Emergency Management (OEM).

PARTICIPANTS, CONTINUED

Jeffery Roman is a member of the CRI steering committee. He joined the Milwaukee County Office of African American Affairs as Executive Director in July 2020. He oversaw its transition to the Office of Equity, serving as the County's Chief Equity Officer.

Ericka Sinclair is the founder and CEO of Health Connections Inc. She is a founding member of the steering committee. Sinclair serves as a Board Member of the City of Milwaukee Board of Health, including past service as vice-chair. She is also a founder of the MKE Black Grassroots Health Care Network.

Joy Tapper is the Executive Director of the Milwaukee Healthcare Partnership. She participated in the meetings of the UEOC, intersecting with CRI members in that work. She volunteers, through the Medical College of Wisconsin, on the Healthiest Wisconsin Partnership Program Consortium Board.

Melissa Ugland, Principal at Ugland Associates, consulted for Milwaukee County, providing recommendations on creating a safe working environment for County employees. She was a regular attendee at the UEOC meetings and observed the formation of CRI.

Dr. Benjamin Weston is the Medical Director for the Milwaukee County Office of Emergency Management (OEM) and Associate Professor of Emergency Medicine at the Medical College of Wisconsin (MCW). As a member of the County's UEOC, Dr. Weston observed CRI's formation and participation in the COVID response work.

AUTHORS

Ciara Hartzog is the Research and Advocacy Manager for the [Milwaukee County Office of Equity](#). The foundation of her work is built on community-based research, ensuring that Milwaukee County residents are engaged in the work the County is advancing and that their voices are heard. Other work Ciara is contributing to are equity policy analysis, [Advancing Health Literacy](#) and supporting internal and external research.

Kristin Vogel is the FUSE Fellow in the [Milwaukee County Office of Equity](#). Her work as an executive fellow includes advancing the capacity of the County to address racial equity disparities through projects such as this case study, creating a [racial equity tool kit](#), serving as liaison to the Racial Equity and Inclusion Committee of the Intergovernmental Cooperation Council, and more.

CONTRIBUTORS

Zari Miller - Information and Outreach Coordinator

Tony Panciera - Senior Equity Policy Manager

Paula Phillips - Interim Executive Director

Jacqueline Zeledon - Strategic Communications Manager

APPENDIX

CRI Charter and Operating Principles

Community Resilience Imperative

After creating a sustained presence within the UEOC, this group redefined its efforts to focus on long-term commitment to community resilience. The Community Resilience Imperative is a collective impact group comprised of impacted residents, community-based organizations, faith partners, health clinics, municipal public health partners and health advocates committed to health equity and addressing health and social needs of the most vulnerable populations in Milwaukee County.

Vision | All Milwaukee County communities* have the ability thrive and to respond and heal in the state of a crisis.

Mission | Eliminate racial and social inequities through social cohesion in the face of oppression to drive system change by elevating protective factors across all social determinants of health

Community Resilience Imperative operates with the following **principles** to guide its work:

- Make decisions that are Community* Centered
- Execute strategies that achieve Equity, Diversity, and Inclusion
- Ensure Accessibility of all resources
- Hold Accountability to the greater good of Community*
- Advocate Unapologetically for our vision
- Be Flexible to Community needs
- Elevate Community* Sustainability
- Partner with Respect and Compassion
- Maintain Creditability with Trust with Authenticity
- Collaborate with Strategy and Impact

****Community:** Various groups and individuals that are representative of all Milwaukee residents with an emphasis on those groups who are traditionally marginalized (i.e. communities of color, individuals with differing disabilities, aging individuals, etc.)*

Community Resilience Imperative Charter

(This is a living document and it will be updated as needed to shift with community priorities.)

Background

Since March 2020, public health agencies, governmental/municipal entities, and non-profit organizations across Milwaukee County have collaborated as part of a new entity, the “Unified Emergency Operations Center” (UEOC) / “COVID-19 Public Health Collaborative” to respond to the emerging COVID-19 crisis. The UEOC has been instrumental in coordinating efforts related to hospital capacity, PPE, media/information, data, testing, sector collaboration, and other aspects of COVID-19 response.

The emergency nature of the response to COVID-19 has meant that the community has not yet had a way to offer ongoing input into the response and planning associated with it. The Community Resilience Response Team (CRRT) was initially stood up to 1.) engage the voices and lived experience of communities most impacted by the COVID-19, Black and Brown Milwaukee County residents, 2.) offer input by reviewing documents and participating in meetings specific to various operation areas of the UEOC, and 3.) identify opportunities to leverage the UEOC’s position to address systemic inequities that further the disease burden of COVID-19 on Black and Brown residents across areas of social determinants of health.

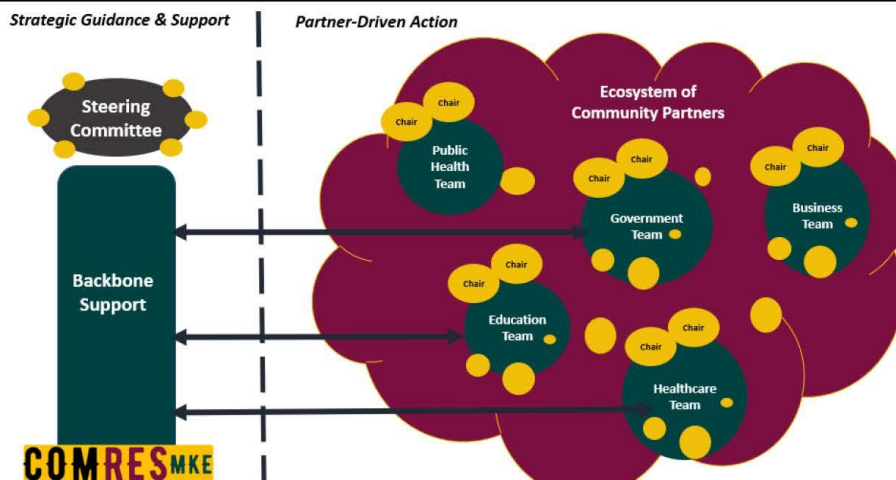
Throughout 2020, CRRT was the driving force of community voice within the UEOC which resulted in successful execution of strategies that best served Milwaukee communities disproportionately impacted by the COVID-19 pandemic. These accomplishments including:

- Convened various community-based organizations and grassroots leaders to ensure coordination of COVID-19 resources
- Designed and allocated federal funds based on gaps identified by CBO and grassroots leaders
- Distributed approx. \$860,000 to CBO, small businesses and grassroots leaders serving black and brown communities in MKE Co. through the Community Resilience Fund
- Drove Milwaukee’s cross-sector regional COVID-19 response with community voice
- Coordinated various partners to secure a total of \$751,488 funds to support COVID-19 outreach efforts

System Change Approach

Guide vision and strategy	<ul style="list-style-type: none"> • Build a common understanding of the problem • Serve as a thought leader / standard bearer for the initiative • Ensure common agenda is updated as strategies unfold
Advance policy	<ul style="list-style-type: none"> • Advocate for aligned policy agenda to eliminate racial and social inequities • Stay on top of policy developments that impact racial equity efforts
Mobilize Resources	<ul style="list-style-type: none"> • Mobilize and align public and private resources to support racial and social equity and (the backbone itself)
Build community capacity/engagement	<ul style="list-style-type: none"> • Create a sense of urgency and articulate a call to action • Support community member engagement activities • Produce and manage communication (ie. Press release, reports ect.)
Support aligned activities	<ul style="list-style-type: none"> • Coordinate and facilitate partners' continuous communication and collaboration (ie. Lead meetings) • Recruit and convene partners and key external stakeholders • Seek out opportunities for alignment with other efforts • Ensure taskforces are being data driven
Established shared measurement practices	<ul style="list-style-type: none"> • Collect, analyze, interpret and report data • Catalyze or develop shared measurement systems • Provide technical assistance for building partners' data capacity

Eliminate racial and social inequities through social cohesion in the face of oppression to drive system change by elevating protective factors across all social determinants of health



Backbone Support: Coordinate overall effort by executing system change activities

Steering Committee: Leaders of the Workgroups who champion various efforts with relevant stakeholders

Workgroup Chairs: Align member orgs' work to goals x strategies of teams where possible

Team Members: Boots-on-the-ground initiatives and leaders working on the issues at hand everyday

Deliverables

- Communication strategies are community-centered and provide timely, accurate and credible health information via outreach to various community organizations (incl. grassroots, faith-based, etc.) and small businesses.
- Resources are equitably deployed to grassroots organizations to meet immediate needs of individuals and families.
- Engage, provide training, and facilitate empowerment of community organizations (incl. grassroots, faith-based, etc.) and small business serving those most burdened by health and economic disparities through community capacity building
- Community* defines and names policy interventions necessary to achieve health equity and economic mobility and have the power to make it to law.
- Secure resources for the sustainability of collaboration and execution of Community Resilience efforts

Frequency of Meeting: Teams to meet 60 to 90 minutes monthly. Steering Committee to meet 60 to 90 minutes monthly.

Participants:

City of Milwaukee Office of Violence Prevention
Wisconsin Black Health Coalition
State of Wisconsin
Progressive Baptist Church
UW-Milwaukee Zilber School of Public Health
Milwaukee County Department of Health Human Services
Milwaukee County Office on African American Affairs
Milwaukee County Resident(s)
Health Connections Inc.
INPOWER

Office of the Milwaukee County Executive
Jump at the Sun Consultants
United Community Center
Aurora Walker's Point Community Clinic
Core El Centro
Near Westside Partners
Milwaukee Health Department
Office of U.S. Senator Tammy Baldwin
Advocate Aurora Healthcare
Metropolitan Milwaukee Alliance of Commerce
True Skool
Boys & Girls Club of Greater Milwaukee
Sherman Park Community Association

United Neighborhood Centers of
Milwaukee

Others?

Staff Support:

1. TJ Cobb, DHHS (*temp*)
2. Jeff Roman, OAAA
3. TBD
4. TBD